

TRAC

Hilton Garden Hotel., *Boise, ID* , December 12, 2003

Attendees: Ken Mordan, Dick Schultz, Steve Rich, Steve Millard, Dia Gainor, Lynette Sharp, Chris Gelok, Eric Blackstone, Barbara Freeman, Dana Myers, Leslie Tingelsen, Bob Seehusen, Ginger Floerchinger-Franks, Joe Morris, Terra Nair, Chris Leeftang

TOPIC	DISCUSSION	OUTCOMES DECISIONS
Welcome & Introductions		Minutes approved.
Rule Promulgation Update	<p>Ken Mordan reviewed the changes to the draft rule. Incorporated changes suggested from the last meeting.</p> <p>Reporting the trauma registry and reimbursement processes still need to be added when more information is available.</p> <p>Penalties added in section 900.</p> <p>Goal is to have rules ready for the September Board meeting. Need to have the funding before submitting. Rule could be finalized in 2005 at the earliest. Does not qualify as a temporary rule – no emergency threat to the public.</p> <p>What keeps us from submitting without funding? Dick Schultz's decision – bad business practice. In the past, Legislators have passed un-funded mandates. But rule promulgation is costly. Dick stated that there probably isn't immunity for not implementing the rule. The cost will be in setting up and maintaining the registry. If funding becomes available through a grant, wouldn't it be advantageous to have the legislation in place? Chicken or the egg? Can a phrase be added to the rule that it will be implemented when funding is available so that we can proceed without liability? There is no dedicated funding stream. If we're fortunate to find a grant, it would not be a continuous funding stream. Start up funding is different. Doesn't make sense to go to the expense of starting a project that won't continue.</p> <p>Bureau has seen a steady increase from vehicle registrations and drivers' license fees. Need to look at increasing the appropriation that could fund registry maintenance. Did the legislation specify general funds or appropriations could not be used? Although Senator Darrington stated that general funds not be used, it is not included in the statute. However, the legislative intent does specify that the funding is not from general funds and must be from a funding source dedicated to the project and that the hospitals do not incur <u>additional</u> cost.</p> <p>The trend in other states is that these types of projects are federal grants.</p>	

	<p>In order to address the project, we need to know what the cost will be. We are poised to get that information with the Business Requirements. We should know by March or April.</p>	
Hospital (IHA) Report	<p>Millard reported that the IHA survey indicated that the hospitals want to be reimbursed. It is clear that un-funded mandates are not acceptable. The larger hospitals were lukewarm in absorbing the costs. Dick stated that this project can't depend on the larger hospitals good will. The state still has the responsibility to pay. Need to be able to predict from year to year what the costs are going to be.</p> <p>Dana reminded the subcommittee that we have some information from the hospital capacity survey.</p> <p>Small hospitals will not incur a cost when the patients are transferred to larger hospitals. Need to get an idea of volume before we can determine cost.</p> <p>Cost could hinge on the design of the system. Skill set is complex and trained coders will be required. Another issue is the quality of the documentation from which the data entry information is taken.</p> <p>The pros and cons of federal grants were discussed.</p> <p>Sunset date on the legislation needs to be addressed. Senator Darrington could be informed of the funding challenges at that time. Sustainable state funding (fees) may be required. Having a budget to back up the cost would be necessary to make the request.</p>	
Review Draft of Primary Business Requirements	<p>Christian Gelok presented the results of the Business Requirements project.</p> <p>Discussion about language that infers that the hospitals can elect to submit data. The hospitals will be able to select <u>how</u> the data is collected.</p> <p>Chris L. asked that the limitations on the survey data collected about staff time be noted.</p> <p>The de-identified data will be available to the public. Equal fees for all requestors. All or none. In some states the insurance companies have provided funding for trauma registries. Add Injury Prevention program and Legislature as stakeholders.</p> <p>Dick cautioned about giving enough data to link records and still keeping the data de-identifiable. Chris L. informed the subcommittee that they are obligated contractually to submit information to the NTDB. If the ITR submits information, there could be duplication.</p> <p>Dick pointed out that the interface between the hospitals and</p>	<p>Motion to approve the general scheme of the ITR Business Requirements to establish a request for information was seconded and carried.</p> <p>A motion that the RFI contain two parts that distinguishes between technical support infrastructure and the management, training, and implementation aspects was</p>

	<p>the registry will be a cost to the state. Whenever there is a change in the hospital software, there would be changes to the interface.</p> <p>Dick encouraged a contractual relationship for the development of software and the on-going maintenance and management of the system. The Business Requirements results will be used to solicit bids for both aspects.</p> <p>When does the linked record go into the registry? Eric indicated that whenever there is an outcome in the record, it will go to the registry.</p> <p>The committee that worked on the Business Requirements concluded that the registry would be web-based and have real time data entry capabilities. System security needs to be addressed. The database will be controlled for public access with only aggregate data and not individual records.</p> <p>What are the next steps? Motion to use the Business requirements to solicit a RFI.</p>	seconded and carried.
Data Linkage Update	<p>John Cramer reported on the data linkage project in preparation for the Legislative report. Due to outdated software, the process has been problematic. Working with the DOT, HIPPA issues have been addressed. Updated software is on its way.</p> <p>A test run of data from DOT and EMS PCR records was filtered very well with the first pass.</p>	
Discussion of Draft TRAC Progress Report to the Legislature	<p>Dia questioned the validity of the injury pyramid estimation formula and asked that the limitations of that formula be stated in a “This is what we don’t know section.” This clarifies the need for accurate registry information to correctly portray incidents of trauma. Also associate cost benefits and savings that would come from accurate data from the registry.</p> <p>Vital Statistics is adamant about using the term accident. Delete the word advocacy in “educational advocacy organizations” because it could be associated with a union.</p> <p>Would a historical statement about previous legislation and work on the trauma registry concept be useful to this report? Should focus on this particular committee. A historical insight in the introduction could be helpful. Also state the overriding purpose of the project. Acknowledge Senator Darrington’s efforts.</p> <p>Suggestions:</p> <p>Add dates for task completion, starting dates for in progress status, and estimated start date for pending tasks, Change the rules publication date to September 2004.</p>	Motion to approve the report with revisions after a second review by members via email was seconded and carried.

	<p>Add a statement about the expected implementation date of the registry.</p> <p>Chris L suggested a one page executive summary.</p> <p>Add that the actual costs of trauma can't be determined because of the lack of data.</p> <p>2nd paragraph, 2nd sentence, pg 6. We do know that trauma deaths are the 2nd leading cause of premature mortality under 75 years of age nationally.</p> <p>Define morbidity.</p> <p>Spell out YPLL.</p> <p>Add no in the registry and statewide columns for Idaho in the Trauma Registry Status in States Bordering Idaho table.</p> <p>Strike data submission method. Not essential information for the legislators.</p> <p>Spell out EMSC.</p> <p>Add bulleted list on page 7 to the executive summary.</p> <p>Include phrasing that the registry will reduce deaths and save money.</p> <p>Identify states that are included in the trauma registry funding methods.</p> <p>Include costs for start-up, management for legislative report from bordering states.</p> <p>Do we want to get another legislator on this committee? Mike Naccarato of Lewiston is a former EMT and is now a legislator.</p>	
Evaluation of Progress – Survey Tool	Dana distributed the evaluation results from the last meeting and the evaluation forms for the current meeting. This is a requirement of the grant.	
Next Agenda	<p>Meeting Dates for 2004.</p> <p>Feb 12.</p> <ul style="list-style-type: none"> ✓ RFI, ✓ Linkages, ✓ Budget strategy (are dedicated funds considered general funds, can appropriation be increased, what other states' registry costs and funding sources, private funding, other possibilities, cost savings), ✓ Rules definition, ✓ Report on the Legislative report. <p>April 8. Tentative. Poll members.</p>	